

§ 410.46

- (1) Physicians' services.
- (2) Services and supplies furnished as an incident to physicians' professional services.
- (3) Nurse practitioner and physician assistant services.
- (4) Services and supplies furnished as an incident to nurse practitioners' or physician assistants' services.
- (5) Visiting nurse services.
- (b) Medicare pays for rural health clinic services when they are furnished at the clinic, at a hospital or other medical facility, or at the beneficiary's place of residence.

§ 410.46 Physician and other practitioner services furnished in or at the direction of an IHS or Indian tribal hospital or clinic: Scope and conditions.

- (a) Medicare Part B pays, in accordance with the physician fee schedule, for services furnished in or at the direction of a hospital or outpatient clinic (provider-based or free-standing) that is operated by the Indian Health Service (IHS) or by an Indian tribe or tribal organization (as those terms are defined in section 4 of the Indian Health Care Improvement Act). These services are subject to the same situations, terms, and conditions that would apply if the services were furnished in or at the direction of a hospital or clinic that is not operated by IHS or by an Indian tribe or tribal organization. Payments include health professional shortage areas incentive payments when the requirements for these incentive payments in § 414.42 of this chapter are met.
- (b) Payment is not made under this section to the extent that Medicare otherwise pays for the same services under other provisions.
- (c) Payment is made under these provisions for the following services:
 - (1) Services for which payment is made under the physician fee schedule in accordance with part 414 of this chapter.
 - (2) Services furnished by non-physician practitioners for which payment under Part B is made under the physician fee schedule.
 - (3) Services furnished by a physical therapist or occupational therapist, for which payment under Part B is made under the physician fee schedule.

42 CFR Ch. IV (10–1–09 Edition)

- (d) Payments under these provisions will be paid to the IHS or tribal hospital or clinic.

[66 FR 55329, Nov. 1, 2001]

§ 410.50 Institutional dialysis services and supplies: Scope and conditions.

Medicare Part B pays for the following institutional dialysis services and supplies if they are furnished in approved ESRD facilities:

- (a) All services, items, supplies, and equipment necessary to perform dialysis and drugs medically necessary in the treatment of the patient for ESRD.
- (b) Routine dialysis monitoring tests (i.e., hematocrit and clotting time) used by the facility to monitor the patients' fluids incident to each dialysis treatment, when performed by qualified staff of the facility under the direction of a physician, as provided in § 494.130 of this chapter, even if the facility does not meet the conditions for coverage of services of independent laboratories in part 494 of this chapter.
- (c) Routine diagnostic tests.
- (d) Epoetin (EPO) and its administration.

[51 FR 41339, Nov. 14, 1986, as amended at 56 FR 43709, Sept. 4, 1991; 59 FR 1285, Jan. 10, 1994; 73 FR 20474, Apr. 15, 2008]

§ 410.52 Home dialysis services, supplies, and equipment: Scope and conditions.

- (a) Medicare Part B pays for the following services, supplies, and equipment furnished to an ESRD patient in his or her home:
 - (1) Purchase or rental, installation, and maintenance of all dialysis equipment necessary for home dialysis, and reconditioning of this equipment. Dialysis equipment includes, but is not limited to, artificial kidney and automated peritoneal dialysis machines, and support equipment such as blood pumps, bubble detectors, and other alarm systems.
 - (2) Items and supplies required for dialysis, including (but not limited to) dialyzers, syringes and needles, forceps, scissors, scales, sphygmomanometer with cuff and stethoscope, alcohol wipes, sterile drapes, and rubber gloves.